

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NORTH DAKOTA STRONG INC		FEC IDENTIFICATION NUMBER ▼ C C00826271
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advictory LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 190 Monroe Ave Ste 300		Amount 30000.00
City Grand Rapids	State MI	Zip Code 49503
Purpose of Expenditure Internet Advertisement Page	Category/ Type 004	Transaction ID : SE.4128 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2022
Name of Federal Candidate BECKER, RICK, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Storytellers Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address PO Box 1832		Amount 79400.00
City Gallatin	State TN	Zip Code 37066
Purpose of Expenditure Issues Mailer	Category/ Type 004	Transaction ID : SE.4126 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2022
Name of Federal Candidate BECKER, RICK, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kasper, Richard, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2022

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NORTH DAKOTA STRONG INC		FEC IDENTIFICATION NUMBER ▼ C C00826271
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Target Enterprises, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 15260 Ventura Blvd, Ste 1240		Amount 135000.00
City Sherman Oaks	State CA	Zip Code 91403
Purpose of Expenditure Radio Advertisement	Category/Type 004	Transaction ID : SE.4131 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2022
Name of Federal Candidate BECKER, RICK, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 564330.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	135000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	244400.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kasper, Richard, ,***[Electronically Filed]**

Date

MM / DD / YYYY
10 / 19 / 2022

Signature